

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

ADDRESS (number and street) ▼

228 S WASHINGTON ST STE 115

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00501478

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer

Lisa Lisker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 18 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 01 2014 To: M M / D D / Y Y Y Y Y Y  
05 31 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">5644.78</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">32153.18</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">38000.00</span>	<span style="border: 1px solid black; padding: 2px;">82000.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">70153.18</span>	<span style="border: 1px solid black; padding: 2px;">87644.78</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">49683.21</span>	<span style="border: 1px solid black; padding: 2px;">67174.81</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">20469.97</span>	<span style="border: 1px solid black; padding: 2px;">20469.97</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
04 01 2014

To:

M M / D D / Y Y Y Y Y  
05 31 2014

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

38000.00

82000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

38000.00

82000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

38000.00

82000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

38000.00

82000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	23683.21	31174.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	23683.21	31174.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	36000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49683.21	67174.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49683.21	67174.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38000.00	82000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38000.00	82000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	23683.21	31174.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	23683.21	31174.81

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5 HCB  
.

Form/Schedule: F3XN

Transaction ID :

Memo#1: Please note STEVE PAC will report on the monthly schedule for the remainder of 2014.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 22

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address PALLADIAN 1

220 LEIGH FARM RD

City

DURHAM

State

NC

Zip Code

27707

FEC ID number of contributing  
federal political committee.

C

C00077321

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

Transaction ID : SA11C.4662

Amount of Each Receipt this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION POLITICAL ACTION COMMITTEE (ARDA-PAC)

Mailing Address 1201 15TH STREET NW 4TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

C00129932

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : SA11C.4677

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

Transaction ID : SA11C.4668

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

11500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

**A.** Full Name (Last, First, Middle Initial)  
BIPARTISAN VOLUNTARY PUBLIC AFFAIRS COMMITTEE OF THE PNC FINANCIAL SERVICES GROUP, INC.

Mailing Address 249 FIFTH AVENUE, 21ST FLOOR

City State Zip Code  
PITTSBURGH PA 15222

FEC ID number of contributing  
federal political committee. **C** C00035519

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt

**04** / **17** / **2014**

**Transaction ID : SA11C.4666**

Amount of Each Receipt this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
BOEHRINGER INGELHEIM USA CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 900 RIDGEBURY ROAD

City State Zip Code  
RIDGEFIELD CT 06877

FEC ID number of contributing  
federal political committee. **C** C00420398

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

**04** / **17** / **2014**

**Transaction ID : SA11C.4661**

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)

Mailing Address 82 DEVONSHIRE STREET  
N5A

City State Zip Code  
BOSTON MA 02109

FEC ID number of contributing  
federal political committee. **C** C00215046

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

**04** / **17** / **2014**

**Transaction ID : SA11C.4664**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 22

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

**A. HUNTINGTON BANCSHARES INC. POLITICAL ACTION COMMITTEE (HBI-PAC)**

Full Name (Last, First, Middle Initial)

Mailing Address 41 S. HIGH ST

City State Zip Code  
COLUMBUS OH 43287

FEC ID number of contributing  
federal political committee.

C C00165589

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

Transaction ID : SA11C.4660

Amount of Each Receipt this Period

5000.00

**B. JPMORGAN CHASE & CO. PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 10 S. DEARBORN ST  
IL 1-0520

City State Zip Code  
CHICAGO IL 60603

FEC ID number of contributing  
federal political committee.

C C00128512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11C.4676

Amount of Each Receipt this Period

2500.00

**C. NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC**

Full Name (Last, First, Middle Initial)

Mailing Address 1605 KING STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

C C00089458

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 02 / 2014

Transaction ID : SA11C.4670

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

10500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 22

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Full Name (Last, First, Middle Initial)

## **A. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 51 MADISON AVENUE  
ROOM 1109

City State Zip Code  
NEW YORK NY 10010

FEC ID number of contributing  
federal political committee.

C C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11C.4674

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. THE BABCOCK & WILCOX COMPANY POLITICAL ACTION COMMITTEE (B&W PAC)**

Mailing Address 2016 MT. ATHOS ROAD

City State Zip Code  
LYNCHBURG VA 24504

FEC ID number of contributing  
federal political committee.

C C00365502

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11C.4672

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

6500.00

**TOTAL** This Period (last page this line number only)..... ►

38000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Full Name (Last, First, Middle Initial)

**A. Bogart Associates, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Mailing Address 1200 Trinity Dr.

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : SB21B.4679**Purpose of Disbursement  
Fundraising Consulting

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

4581.93

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Bogart Associates, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Mailing Address 1200 Trinity Dr.

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : SB21B.4686**Purpose of Disbursement  
Event Site Rental/Catering

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1680.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Bogart Associates, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Mailing Address 1200 Trinity Dr.

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : SB21B.4687**Purpose of Disbursement  
Fundraising Consulting/Shipping

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3060.22

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9322.15

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Full Name (Last, First, Middle Initial)

**A. Bogart Associates, Inc.**

Mailing Address 1200 Trinity Dr.

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Travel/Catering/Tickets

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

**Transaction ID : SB21B.4688**

Amount of Each Disbursement this Period

8097.22
---------

Full Name (Last, First, Middle Initial)

**B. Crotty Consulting, LLC**

Mailing Address 2558 Wexford Road

City	State	Zip Code
Columbus	OH	43221

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

**Transaction ID : SB21B.4654**

Amount of Each Disbursement this Period

4500.00
---------

Full Name (Last, First, Middle Initial)

**C. Huckaby Davis Lisker, Inc.**Mailing Address 228 S. Washington Street  
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : SB21B.4680**

Amount of Each Disbursement this Period

1522.90
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14120.12
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Full Name (Last, First, Middle Initial)

**A. Menus by Occasions**

Mailing Address 655 Taylor Street NE

City	State	Zip Code
Washington	DC	20017

Purpose of Disbursement  
Event Catering

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

**Transaction ID : SB21B.4655**

Amount of Each Disbursement this Period

240.94
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

240.94
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23683.21
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Full Name (Last, First, Middle Initial)

**A. BENISHEK FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Mailing Address PO BOX 108

City	State	Zip Code
GLADSTONE	MI	49837

**Transaction ID : SB23.4622**Purpose of Disbursement  
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

**DANIEL J. BENISHEK MD**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Full Name (Last, First, Middle Initial)

**B. CARL DEMAIO FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Mailing Address PO BOX 27227

City	State	Zip Code
SAN DIEGO	CA	92198

**Transaction ID : SB23.4623**Purpose of Disbursement  
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

**CARL DEMAIO**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Full Name (Last, First, Middle Initial)

**C. CARLOS CURBELO CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Mailing Address 8770 SUNSET DRIVE #355

City	State	Zip Code
MIAMI	FL	33173

**Transaction ID : SB23.4627**Purpose of Disbursement  
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

**CARLOS CURBELO**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 26

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
---------

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Three digital displays showing the date in MM/DD/YYYY format: 05/12/2014.

1000.00

1000.00

MM / DD / YYYY

05 / 23 / 2014

Age	Number of people
0-14	950
15-24	850
25-34	750
35-44	650
45-54	550
55-64	450
65-74	350
75-84	250
85-94	150
95-104	100

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Full Name (Last, First, Middle Initial)

**A. DOLD FOR CONGRESS**

Mailing Address PO BOX 8145

City	State	Zip Code
NORTHFIELD	IL	60093

Purpose of Disbursement  
Political Contribution

Candidate Name

**ROBERT JAMES DOLD JR**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

**Transaction ID : SB23.4613**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FITZPATRICK FOR CONGRESS**

Mailing Address PO BOX 185

City	State	Zip Code
LANGHORNE	PA	19047

Purpose of Disbursement  
Political Contribution

Candidate Name

**MICHAEL G. FITZPATRICK**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : SB23.4632**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVID JOLLY**

Mailing Address P. O. BOX 1158

City	State	Zip Code
INDIAN ROCKS BEACH	FL	33785

Purpose of Disbursement  
Political Contribution

Candidate Name

**DAVID W. JOLLY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : SB23.4633**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

1000.00

State: NV District: 03

Three digital displays showing the date 05/23/2014 in MM/DD/YYYY format. The first display shows '05' with 'M' indicators above it. The second display shows '23' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

1000.00

State: MN District: 08

Level of Agreement	Percentage
Strongly agree	10.00%
Agree	20.00%
Disagree	10.00%
Strongly disagree	60.00%

State: WV District: 03

3000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City	State	Zip Code
WEST CHESTER	PA	19381

Purpose of Disbursement  
Political Contribution

Candidate Name

**RYAN A COSTELLO**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

**Transaction ID : SB23.4619**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City	State	Zip Code
BLACKFOOT	ID	83221

Purpose of Disbursement  
Political Contribution

Candidate Name

**MICHAEL SIMPSON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : SB23.4641**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

City	State	Zip Code
LYNN HAVEN	FL	32444

Purpose of Disbursement  
Political Contribution

Candidate Name

**WILLIAM STEVE SOUTHERLAND II**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

**Transaction ID : SB23.4644**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

### A. WESTROM FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.4651

Amount of Each Disbursement this Period

Candidate Name  
**TORREY WESTROM**

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	For the purchase of land and buildings
2	For the purchase of machinery and equipment
3	For the purchase of inventory
4	For the purchase of supplies and materials
5	For the purchase of services
6	For the purchase of investments
7	For the purchase of securities
8	For the purchase of other assets
9	For the purchase of other liabilities
10	For the purchase of other equity
11	For the purchase of other income
12	For the purchase of other expenses
13	For the purchase of other assets
14	For the purchase of other liabilities
15	For the purchase of other equity
16	For the purchase of other income
17	For the purchase of other expenses
18	For the purchase of other assets
19	For the purchase of other liabilities
20	For the purchase of other equity
21	For the purchase of other income
22	For the purchase of other expenses
23	For the purchase of other assets
24	For the purchase of other liabilities
25	For the purchase of other equity
26	For the purchase of other income
27	For the purchase of other expenses
28	For the purchase of other assets
29	For the purchase of other liabilities
30	For the purchase of other equity
31	For the purchase of other income
32	For the purchase of other expenses
33	For the purchase of other assets
34	For the purchase of other liabilities
35	For the purchase of other equity
36	For the purchase of other income
37	For the purchase of other expenses
38	For the purchase of other assets
39	For the purchase of other liabilities
40	For the purchase of other equity
41	For the purchase of other income
42	For the purchase of other expenses
43	For the purchase of other assets
44	For the purchase of other liabilities
45	For the purchase of other equity
46	For the purchase of other income
47	For the purchase of other expenses
48	For the purchase of other assets
49	For the purchase of other liabilities
50	For the purchase of other equity
51	For the purchase of other income
52	For the purchase of other expenses
53	For the purchase of other assets
54	For the purchase of other liabilities
55	For the purchase of other equity
56	For the purchase of other income
57	For the purchase of other expenses
58	For the purchase of other assets
59	For the purchase of other liabilities
60	For the purchase of other equity
61	For the purchase of other income
62	For the purchase of other expenses
63	For the purchase of other assets
64	For the purchase of other liabilities
65	For the purchase of other equity
66	For the purchase of other income
67	For the purchase of other expenses
68	For the purchase of other assets
69	For the purchase of other liabilities
70	For the purchase of other equity
71	For the purchase of other income
72	For the purchase of other expenses
73	For the purchase of other assets
74	For the purchase of other liabilities
75	For the purchase of other equity
76	For the purchase of other income
77	For the purchase of other expenses
78	For the purchase of other assets
79	For the purchase of other liabilities
80	For the purchase of other equity
81	For the purchase of other income
82	For the purchase of other expenses
83	For the purchase of other assets
84	For the purchase of other liabilities
85	For the purchase of other equity
86	For the purchase of other income
87	For the purchase of other expenses
88	For the purchase of other assets
89	For the purchase of other liabilities
90	For the purchase of other equity
91	For the purchase of other income
92	For the purchase of other expenses
93	For the purchase of other assets
94	For the purchase of other liabilities
95	For the purchase of other equity
96	For the purchase of other income
97	For the purchase of other expenses
98	For the purchase of other assets
99	For the purchase of other liabilities
100	For the purchase of other equity

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a thick border. Inside the rectangle, there are four vertical lines, one in each quadrant, representing supports or columns. The top and bottom horizontal lines are thicker than the side vertical lines.

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

26000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 OF 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Bogart Associates, Inc.**Nature of Debt (Purpose):  
Fundraising Consulting

Mailing Address 1200 Trinity Dr.

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

4518.36

Transaction ID : SD10.4594

Amount Incurred This Period

12901.01

Payment This Period

17419.37

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Huckaby Davis Lisker, Inc.**Nature of Debt (Purpose):  
Compliance Consulting

Mailing Address 228 S. Washington Street

Suite 115

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

1522.90

Transaction ID : SD10.4593

Amount Incurred This Period

0.00

Payment This Period

1522.90

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►